

## **CONFIDENTIALITY STATEMENT**

For purposes of carrying out a contract for services entered into between San Bernardino County and \_\_\_\_\_ (Contractor), San Bernardino County has provided Contractor with confidential information that may be used alone or in conjunction with other information to identify a recipient of social services. This information is known as Personally Identifiable Information, and includes, but is not limited to, name, date of birth, social security number, address, phone number, or drivers license/identification number. Personally Identifiable Information may only be used to perform functions, activities or services directly related to the administration of a social services program. Personally Identifiable Information may not be used, accessed, or disclosed for any other purpose.

Any individual who violates the privacy, confidentiality or security of Personally Identifiable Information in any form or medium may be subject to civil and/or criminal prosecution under state and federal law.

Personally Identifiable Information must be safeguarded from loss, theft, or inadvertent disclosure. Reasonable safeguards include, but are not limited to:

- Securing all areas where Personally Identifiable Information is maintained or stored;
- Not leaving Personally Identifiable Information unattended in vehicles or on airplanes;
- Ensuring that only the minimum necessary amount of Personally Identifiable Information is downloaded when absolutely necessary for current business purposes;
- Utilizing encryption on all emails and removable media type devices through which Personally Identifiable Information is transmitted or stored;
- Disposing of Personally Identifiable Information through confidential means, such as cross cut shredding and pulverizing; and,
- Limiting the removal of Personally Identifiable Information from Contractor's premises except for identified routine business purposes.

I understand the above statements and that I must protect the confidentiality of all Personally Identifiable Information placed in my care or which I may come across during my course of employment.

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PRINT NAME

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DATE

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SIGNATURE

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CONTRACTOR